

SERFF Tracking Number: HART-125786100 State: Arkansas
 First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: FN.13.042.2008.01(F)
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: 'form-HS 04 10 08 08 Amendment Of Coverage - Damage To Your Product And Damage To Your Work
 Project Name/Number: form -Equipment Dealers Broadened PD Coverage/FN.13.042.2008.01(F)

Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Property and Casualty Insurance Company of Hartford, Twin City Fire Insurance Company, Hartford Accident and Indemnity Company, Hartford Fire Insurance Company

Product Name: 'form-HS 04 10 08 08 SERFF Tr Num: HART-125786100 State: Arkansas

Amendment Of Coverage - Damage To Your

Product And Damage To Your Work

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: FN.13.042.2008.01(F) State Status: Fees verified and received

Filing Type: Form

Co Status: Initial Filing

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Joyce Driscoll, Marilu Gonzalez, David Logan, Sima Nizami, Angela Isaac

Disposition Date: 08/29/2008

Date Submitted: 08/27/2008

Disposition Status: Approved

Effective Date Requested (New): 12/06/2008

Effective Date (New):

Effective Date Requested (Renewal): 12/06/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: form -Equipment Dealers Broadened PD Coverage

Status of Filing in Domicile: Not Filed

Project Number: FN.13.042.2008.01(F)

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/29/2008

State Status Changed: 08/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

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To include damage to an insured's product arising out of a defect in the insured's product that existed when it was transferred to another; and

By amending the Damage To Your Work exclusions by only excluding "property damage" to that particular part of "your work", not all of "your work".

Please see Explanatory Memorandum for more detailed information.

Company and Contact

Filing Contact Information

David Logan, Filing Analyst david.logan@thehartford.com
 690 Asylum Avenue (860) 547-3792 [Phone]
 Hartford, CT 06115 (860) 547-5941[FAX]

Filing Company Information

Hartford Casualty Insurance Company	CoCode: 29424	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0294398	

Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	

Property and Casualty Insurance Company of Hartford	CoCode: 34690	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:

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(860) 547-5000 ext. [Phone]

FEIN Number: 06-1276326

Twin City Fire Insurance Company

CoCode: 29459

State of Domicile: Indiana

Hartford Plaza

Group Code: 91

Company Type: Property

Hartford, CT 06115

Group Name:

State ID Number:

(860) 547-5000 ext. [Phone]

FEIN Number: 06-0732738

Hartford Accident and Indemnity Company

CoCode: 22357

State of Domicile: Connecticut

690 Asylum Ave

Group Code: 91

Company Type: Property

Hartford, CT 06115

Group Name:

State ID Number:

(860) 547-5000 ext. [Phone]

FEIN Number: 06-0383030

Hartford Fire Insurance Company

CoCode: 19682

State of Domicile: Connecticut

Hartford Plaza

Group Code: 91

Company Type:

690 Asylum Avenue

Group Name:

State ID Number:

Hartford, CT 06115

(860) 547-5000 ext. [Phone]

FEIN Number: 06-0383750

SERFF Tracking Number: HART-125786100 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50

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Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: Form Filing Group Fee

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Casualty Insurance Company	\$50.00	08/27/2008	22161639
Hartford Insurance Company of the Midwest	\$0.00	08/27/2008	
Hartford Underwriters Insurance Company	\$0.00	08/27/2008	
Property and Casualty Insurance Company of Hartford	\$0.00	08/27/2008	
Twin City Fire Insurance Company	\$0.00	08/27/2008	
Hartford Accident and Indemnity Company	\$0.00	08/27/2008	
Hartford Fire Insurance Company	\$0.00	08/27/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/29/2008	08/29/2008

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Disposition

Disposition Date: 08/29/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Amendment Of Coverage-Damage To Your Product And Damage To Your Work	Approved	Yes

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Project Name/Number: form -Equipment Dealers Broadened PD Coverage/FN.13.042.2008.01(F)

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendment Of Coverage-Damage To Your Product And Damage To Your Work	HS 04 10 08 08	08/08	Endorsement/Amendment/Conditions		45.00	hs0410.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF COVERAGE – DAMAGE TO YOUR PRODUCT AND DAMAGE TO YOUR WORK

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Coverage	Amount of Deductible
Damage To Your Product	\$
Damage To Your Work	\$
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

1. Amended Damage To Your Product Exclusion

Exclusion **k.** under Paragraph 2., **Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability** is replaced by the following:

This insurance does not apply to:

k. Damage To Your Product

"Property damage" to "your product" arising out of it or any part of it.

With respect to "your product" that is installed or serviced as part of your repair or service operations, this exclusion does not apply if the "property damage" is caused by a defect that existed in "your product" or any part of "your product" when it was transferred to another and the defect was not the result of "your work".

2. Amended Damage To Your Work Exclusion

Exclusion **I.** under Paragraph 2., **Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability** is replaced by the following:

This insurance does not apply to:

I. Damage To Your Work

"Property damage" to that particular part of "your work" out of which damage arises and included in the "products-completed operations hazard".

This exclusion does not apply if the damaged

work or the work out of which the damage arises was performed on your behalf by a subcontractor.

3. Deductibles

- a.** Our obligation under this endorsement to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages.
- b.** The deductible amounts shown in the Schedule above apply on a per "occurrence" basis. The deductible amounts apply to all damages because of "property damage" as a result of any one "occurrence" regardless of the number of persons or organizations who sustain damages because of that "occurrence".
- c.** The terms of this insurance, including those with respect to:
 - (1)** Our right and duty to defend any "suits" seeking those damages; and
 - (2)** Your duties in the event of an "occurrence", offense, claim or "suit"
 apply irrespective of the application of the deductible amount.
- d.** We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by

Policy Number:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

us.

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First Filing Company: *Hartford Casualty Insurance Company, ...* *State Tracking Number:* *EFT \$50*

Company Tracking Number: *FN.13.042.2008.01(F)*

TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*

Product Name: *'form-HS 04 10 08 08 Amendment Of Coverage - Damage To Your Product And Damage To Your Work*

Project Name/Number: *form -Equipment Dealers Broadened PD Coverage/FN.13.042.2008.01(F)*

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	08/29/2008

Comments:
n/a

		Review Status:	
Satisfied -Name:	Explanatory Memorandum	Approved	08/29/2008

Comments:
Attachment:
EM form.pdf

EXPLANATORY MEMORANDUM – FORMS
COMMERCIAL GENERAL LIABILITY
FILING FN.13.042.2008.01(f)

Introduction

We are introducing a new optional form which will be available to equipment dealers. For risks that meet our underwriting standards, coverage may be expanded:

- To include damage to an insured's product arising out of a defect in the insured's product that existed when it was transferred to another; and
- By amending the Damage To Your Work exclusions by only excluding "property damage" to *that particular part* of "your work", not all of "your work".

Coverage Impact

Expands coverage under the Commercial General Liability Coverage Form.

Related Filing

Refer to the companion Rule filing.

Explanation of Coverage

Form Number	Form Title
HS 04 10 08 08	Amendment Of Coverage – Damage To Your Product and Damage To Your Work

a. Part 1 – Amended Damage To Your Product Exclusion

With respect to "your product" that is installed or serviced as part of the insured's repair or service operations, coverage applies, subject to a deductible, for damage to an insured's product arising out of a defect in the insured's product that existed when it was transferred to another.

b. Part 2 – Amended Damage To Your Work Exclusion

Subject to a deductible, coverage is only excluded for "property damage" to *that particular part* of "your work", not all of "your work".

c. Part 3 - Deductibles

This section provides the language that indicates that the coverages in Parts 1 & 2 are subject to the applicable deductibles shown in the form's Schedule.

Timothy R. Finnegan

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General Liability Line Of Business
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